

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035567

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 88 Primary Registration District No. 5328 Registrar's No. 35

OCT 14 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty Twp.</u>		c. CITY OR TOWN <u>Lebanese</u>	
Length of stay in 1b <u>26 years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home</u>		d. STREET ADDRESS (If outside, give location) <u>Route # 1</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Michael Edward Reiner</u>		4. DATE OF DEATH Month Day Year <u>Sept 28 1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 29 1901</u>
9. AGE (last birthday) <u>62</u>	10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HR Hours Min.	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	
11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Reiner</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Luffe</u>	
14. NAME OF DECEASED'S WIFE <u>Ivy Luemaker Reiner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No Nil</u>	
16. SOCIAL SECURITY NO. <u>2 100 740 1000</u>		17. INFORMANT <u>Mr. &amp; Mrs. J. Reiner - Lebanon, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>seconds</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Myocardial Infarction</u>		<u>seconds</u>	
DUE TO (c) <u>Arteriosclerotic Ht disease.</u>		<u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Congestive Failure &amp; Htly compensated</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Lebanese, Mo.</u>	
20g. COUNTY <u>Crawford</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>27 June 63</u> to <u>present</u> and last saw her alive on <u>27 June 63</u> Death occurred at <u>3:55 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Joseph W. Ruffel MD</u>	
22b. ADDRESS <u>Bourbon, Mo</u>		22c. DATE SIGNED <u>30 Sept 63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>October 1963</u>	23c. NAME OF CEMETERY <u>Lebanese</u>	
23d. LOCATION (City, town, or county) <u>Lebanese</u>		23e. STATE <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Hoener Funeral Home Cuba, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-30-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichius</u>		27. DATE <u>9-30-1963</u>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Norman C. Thomas*

Licensed Embalmer No. 4673

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.